

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

American Future Fund

(b) Address (number and street) ☐ check if different than previously reported

4225 Fleur Drive, Suite 142

(c) City, State and ZIP Code

Des Moines, IA 50321

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C 30001028

3. Is This Statement☒ New

or

☐ Amended**4. Covering Period**1 0 1 5 2 0 0 8
through

1 0 1 6 2 0 0 8

5. (a) Date of Public Distribution(s)

1 0 1 6 2 0 0 8

(b) Communication Title

No Education

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Nicole Schlenger

(b) Address (number and street)

PO Box 257

(c) City, State and ZIP Code

Brooklyn, IA 52211

(d) Name of Employer or Principal Place of Business

Campaign HQ

(e) Occupation

President

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

1 0 4 6 8 7 5 0

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Nicole Schlenger

SIGNATURE

DATE

10/16/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)